| TRANSMITTAL FORM  used for all correspondence after initial mber of Pages in This Submission  Transmittal Form | First Grou Exam  1 Attorn                                 | p Art Unit niner Name ney Docket Number | March 17, 2000  Kim, Hyun K.  1616  Barbara P. Badio              |  |  |  |
|--|---|---|---|--|--|--|
| mber of Pages in This Submission   | Exam  1 Attorn  | p Art Unit<br>niner Name                | Kim, Hyun K. 1616   |  |  |  |
| mber of Pages in This Submission   | Exam  | niner Name                              | 1616 CA   |  |  |  |
| Transmittal Form   | 1 Attor   |   | 7//   |  |  |  |
| Transmittal Form   |   | nev Docket Number                       | Barbara P. Badio  |  |  |  |
| _  | ENCLOSURE   |   | 15280W-003000   |  |  |  |
| _  |   | S (check all that apply)                |   |  |  |  |
| F AH1  | Assignment Pa<br>(for an Application                      |   | After Allowance Communication to Group                            |  |  |  |
| Fee Attached   | Drawing(s)  |   | Appeal Communication to Board of Appeals and Interferences        |  |  |  |
| Amendment / Reply  |   | ted Papers                              | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |  |  |  |
| After Final  | Petition Petition to Convert to a Provisional Application |   | Proprietary Information   |  |  |  |
| Affidavits/declaration(s)  |   |   | Status Letter   |  |  |  |
|  |   | ney, Revocation<br>rrespondence Address | Other Enclosure(s) (please identify below):                       |  |  |  |
| ress Abandonment Request   | Terminal Discl  |   | Return Postcard   |  |  |  |
| rmation Disclosure Statement   | CD, Number o  |   |   |  |  |  |
| tified Copy of Priority cument(s)  | Remarks   |   | authorized to charge any additional fees to 430.                  |  |  |  |
| sponse to Missing Parts/<br>complete Application   |   | _ <b>_</b>                              |   |  |  |  |
| Response to Missing Parts under 37 CFR 1.52 or 1.53  |   |   |   |  |  |  |
| SIGNATU  | IRE OF APPLIC   | CANT, ATTORNEY, O                       | DR AGENT  |  |  |  |
| Townsend and Towns   |   |   |   |  |  |  |
| idual name William B. Kezer  |   | Reg. No                                 | o. 37,369   |  |  |  |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

1/27/03

1/27/03

Date

class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 2023 Lon this date:

Linda Shaffer

WC 9052320 v1

Signature

Typed or printed name

PTO/SB/17 (01-03)
Approved the through 10/31/2002. OMB 0651-0032
Patent and Trademark Unice: U.S. DEPARTMENT OF COMMERCE

Patent and Trademark Onice: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| 08 <u>m</u> l  | T  |                     |                |   | Name of Kanada  |               | 7                      |          |  |  |
|--|--|---------------------|----------------|---|---|---------------|------------------------|----------|--|--|
| FEE TRANSMITTAL for FY 2003  | Complete if Known  Application Number 09/526,855 |                     |                |   |   |               |                        | 300      |  |  |
| 5 FV 0000  | Application Number 09/52                         |                     |                |   | 26,855  |               |                        |          |  |  |
| for FY 2003  | Filing Date Ma                                   |                     |                | Marc                                      | March 17, 2000 FER  |               |                        |          |  |  |
| Patent fees are subject to annual revision.  | First Named Inventor Kim                         |                     |                | Kim,                                      | Hyun K.   | TEOL          |                        | 06 20    |  |  |
| Applicant claims small entity status. See 37 CFR 1.27  | Examiner Name Bar                                |                     |                | Barb                                      | bara P. Badio   |               |                        |          |  |  |
|  | Group  | Art Unit            |                | 1616                                      |   |               | TIALE                  | 9 1600   |  |  |
| TOTAL AMOUNT OF PAYMENT (\$) 110   | Attorney Docket No. 1528                         |                     |                |   | 0W-003000   | -             |                        |          |  |  |
|  | Allomoy Booker No.                               |                     |                |   |   |               |                        |          |  |  |
| METHOD OF PAYMENT (check all that apply)   | 3. ADD   | ITIONAL             | FEES           | FEE C                                     | ALCULATION (co  | ntinued)      |                        |          |  |  |
| Check Credit Card MoneyOrder Other None  Deposit Account:  | Large  | Entity              | Smali          | Entity                                    |   |               |                        |          |  |  |
| Deposit Account.   | Fee  | Fee                 | Fee            | Fee                                       | Fee De  | escription    | ì                      | Fee      |  |  |
| Account 20-1430  | Code<br>1051                                     | ( <b>\$)</b><br>130 | Code<br>2051   | (\$)<br>65                                | Surcharge - late f  | •             |                        | Paid     |  |  |
| Number   | 1051   | 50                  | 2052           | 25  | Surcharge - late  | -             |                        |          |  |  |
| Deposit  | 1  |                     |                |   | or cover sheet.   | ,             |                        |          |  |  |
| Account . Townsend and Townsend and Crew LLP   | 1053<br>1812                                     | 130                 | 1053           | 130 Non-English specification             |   |               |                        |          |  |  |
| Name   |  | 2,520               | 1812           | 2,520                                     | For filing a request for reexamination                      |               |                        |          |  |  |
| he Commissioner is authorized to: (check all that apply)  Charge fee(s) indicated below  Credit any overpayments                 | 1804   | 920°                | 1804           | 920*                                      | Requesting public<br>Examiner action                        |               |                        |          |  |  |
| ☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any additional fee(s) during the pendency of this application | 1805   | 1,840*              | 1805           | 1,840*                                    | Requesting publication of SIR after<br>Examiner action      |               |                        |          |  |  |
| Charge fee(s) indicated below, except for the filing fee   | 1251   | 110                 | 2251           | 55  | Examiner action  Extension for reply within first month     |               |                        | 110      |  |  |
| the above-identified deposit account.  | 1252   | 410                 | 2252           | 205                                       | Extension for rep   |               |                        |          |  |  |
| FEE CALCULATION  |  |                     |                | 405                                       | month   | l             | 1                      |          |  |  |
| . BASIC FILING FEE   | 1253<br>1254                                     | 930<br>1,450        | 2253<br>2254   | 465<br>725                                | Extension for rep  Extension for rep                        | •             |                        | $\vdash$ |  |  |
| arge Entity Small Entity   | 1204   | 1,450               | 2254           | 123                                       | month   | iy widiiii io | GIGI                   |          |  |  |
| ee Fee Fee Fee Description   | 1255   | 1,970               | 2255           | 985                                       | Extension for rep   | ly within fif | th month               |          |  |  |
| ode (\$) Code (\$) Fee Paid  | 1401   | 320                 | 2401           | 160                                       | Notice of Appeal  |               |                        |          |  |  |
| 001 750 2001 375 Utility filing fee<br>002 330 2002 165 Design filing fee  | 1402   | 320                 | 2402           | 160                                       | Filing a brief in support of an appeal                      |               |                        | <u> </u> |  |  |
| 002 330 2002 165 Design filling fee  | 1403   | 280                 | 2403           | 140                                       | Request for oral hearing Petition to institute a public use |               |                        | $\vdash$ |  |  |
| 004 750 2004 375 Reissue filing fee  | 1451   | 1,510               | 1451           | 1,510                                     | proceeding  | e a public    | us <del>c</del>        |          |  |  |
| 005 160 2005 80 Provisional filing fee   | 1452   | 110                 | 2452           | 55  | Petition to revive  | – unavoida    | able                   |          |  |  |
| SUBTOTAL (1) (\$)  | 1453   | 1,300               | 2453           | 650                                       | Petition to revive  |               |                        | <u> </u> |  |  |
| .,   | 1501   | 1,300               | 2501           | 650                                       | Utility issue fee (or reissue)                              |               |                        |          |  |  |
| . EXTRA CLAIM FEES FOR UTILITY AND REISSUE   | 1502<br>1503                                     | 470<br>630          | 2502<br>2503   | 235<br>315                                | Design issue fee<br>Plant issue fee                         |               |                        |          |  |  |
| Fees from  | 1460   | 130                 | 1460           | 130                                       | Petitions to the C  | ommission     | ner                    | $\vdash$ |  |  |
| Extra Claims below Fee Paid  | 1807   | 50                  | 1807           | 50  | Petitions related t   |               |                        | -        |  |  |
|  | 1806   | 180                 | 1806           | 180                                       | applications Submission of Inf                              | formation F   | )ischeure              | $\vdash$ |  |  |
| dependent   -** =  |  |                     |                | Submission of Information Disclosure Stmt |   |               |                        |          |  |  |
| Aultiple   | 8021   | 40                  | 8021           | 40  | Recording each p  |               |                        |          |  |  |
| lependent  | 1  |                     |                |   | per property (time<br>properties)                           | o number      |                        |          |  |  |
| arge Entity Small Entity   | 1809   | 750                 | 2809           | 375                                       | Filing a submission   |               | al rejection           |          |  |  |
| ee Fee Fee Fee <u>Fee Description</u> Code (\$)  | 1810   | 750                 | 2810           | 375                                       | (37 CFR § 1.129)<br>For each addition                       |               | n to be                | <b></b>  |  |  |
| 202 18 2202 9 Claims in excess of 20   | 1  |                     | l              |   | examined (37 CF   |               |                        |          |  |  |
| 201 84 2201 42 Independent claims in excess of 3   | 1801   | 750                 | 2801           | 375                                       | Request for Conti   | inued Exar    | mination               |          |  |  |
| 203 280 2203 140 Multiple dependent claim, if not paid   | 1802   | 900                 | 1802           | 900                                       | (RCE) Request for expe                                      | dited exam    | nination               | $\vdash$ |  |  |
| 204 84 2204 42 ** Reissue independent claims over original patent  | 1  | of a design         |                |   |   |               |                        |          |  |  |
| 205 18 2205 9 ** Reissue claims in excess of 20  | Other fe   | e (specify          | ı) <del></del> |   |   |               | <del></del>            |          |  |  |
| and over original paterit  | I  |                     |                | <u>.</u>                                  |   | Г             | (\$)110                |          |  |  |
| SUBTOTAL (2) (\$)  | *Reduce  | ed by Bas           | ic Filing      | Fee Pa                                    | id SUBTOTAL (   | 3)            | (Ψ) 110                |          |  |  |
| **or number previously paid, if greater; For Reissues, see above   | <u></u>  |                     |                | <del></del>                               |   |               |                        |          |  |  |
| SUBMITTED BY   |  |                     |                |   | Com   | nplete (if ap | oplicable)             |          |  |  |
|  |  |                     |                |   |   |               | Telephone 925-472-5000 |          |  |  |
|  |  |                     |                |   | ·   | <del></del>   |                        |          |  |  |
| Signature Lill B. Ky   |  |                     |                |   | Date 1/27/03  |               |                        |          |  |  |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.